

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted to  
Group Art Unit 2834, 703-872-9319, addressed to: Commissioner  
for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: June 18, 2003

  
Sonia V. McVean

**RESPONSE UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
GROUP ART UNIT 2834****PATENT  
36856.478****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Takashi IWAMOTO et al.	
Serial No.: 09/847,989	Art Unit: 2834
Filed: May 3, 2001	Examiner: P. Cuevas
Title: SURFACE ACOUSTIC WAVE DEVICE	

**PETITION FOR EXTENSION OF TIME**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In accordance with 37 C.F.R. § 1.136(a), Applicants hereby petition for a THREE-month extension of time to respond to the outstanding Office Action dated December 18, 2002, or until June 18, 2003.

Enclosed is a Credit Card Payment form for \$930.00 to pay the THREE-month extension fee in accordance with Rule 1.17(a)(3).

The Commissioner of Patents is authorized to charge any amount due, or credit any overpayment, to Deposit Account No. 50-1353.

Respectfully submitted,

Dated: June 18, 2003

  
Attorneys for Applicants

Joseph R. Keating  
Registration No. 37,368

Christopher A. Bennett  
Registration No. 46,710

**KEATING & BENNETT, LLP**  
10400 Eaton Place, Suite 312  
Fairfax, VA 22030  
Telephone: (703) 385-5200  
Facsimile: (703) 385-5080

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

PTO-2038 (02-2000)  
Approved for use through 02/31/2003. CMB 0651-0043  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**UNITED STATES PATENT & TRADEMARK OFFICE**  
**Credit Card Payment Form**  
**Please Read Instructions before Completing this Form**

**Credit Card Information**

**Credit Card Type:** ☐ Visa ☐ Master Card ☒ American Express ☐ Discover  
**Credit Card Account #:** 3715 318560 14001

**Credit Card Expiration Date:** 05/2006

**Name as it Appears on Credit Card:** Joseph R. Keating

**Payment Amount: \$ (US Dollars):** \$930.00

**Signature:**

**Date:** June 18, 2003

**Refund Policy:** The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

**Service Charge:** There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21 (m)).

**Credit Card Billing Address**

**Street Address1:** 1733-A South Hayes Street

**Street Address2:** Suite 312

**City:** Arlington

**State:** VA

**Zip/Postal Code:** 22202

**Country:** U.S.A.

**Daytime Phone #:** (703) 385-5200

**Fax #:** (703) 385-5080

**Request and Payment Information**

**Description of Request and Payment Information:**

**Petition for THREE-Month Extension of Time**

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/847,989	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 36856.478		Identify or Describe Mark	

*If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form, the United States Patent & Trademark Office will not be liable in the event that the credit card number becomes public knowledge.*